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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB04/03684 11/10/2004
 which is a CIP of 10/391,464 03/18/2003 PAT 7,056,317
 which is a CON of 09/902,369 07/09/2001 PAT 6,540,739
 which is a CON of 09/602,341 06/24/2000 PAT 6,264,647

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/06/2007

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

33751

TITLE

PRECISION SPINDLE INSTRUMENT HOLDER FOR SURGICAL INSTRUMENT

FILING FEE RECEIVED 935	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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